STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Amanda Grad	y Sexton			
II. Name of lobbyist's par	rtnership, firm or co	rporation, if an	y :		
New Hamps	hire Coalition A	Against Don	nestic and Sex	xual Violence	<u> </u>
(Name of	partnership, firm or cor	poration)			
PO Box 3	353	Concord		<u>M</u>	03302
Business Address: (Street)		(Town/City)		tate)	(Zip Code)
(603 <u>224-8893</u> (Telephone)	(603	228-6096 (Fax)	e-mail _	amanda@nho	cadsv.org
III. This statement covers				OR you may file a	separate report for
☐ All reportable transacti	ons occurring in the r	nonths prior to th	ne reporting date re	lative to the follow	ving client:
(Fu	Iampshire Coali	ition Agains appears on the Lob	t Domestic ar byist Registration Fo	nd Sexual Vic	<u>olence</u>
OR ☐ All reportable transaction unrelated to any particular		ncluding the lobb	yist's family), or th	ne lobbying firm li	sted below which are
	pril 26, 2017 \Box om date of registration	to 3/31/17	July 26, 20 activity from 4/1/1		
	ctober 25, 2017 ity from 7/1/17 to 9/30/	17	January 31 activity from 10/1/		
V. There have been no If this box is checked, comp Concord, NH 03301.					
VI. Check if additional re	ports are attached:				
☑ If you have received fe	es or made expenditu	ires, you must file	e Addendum A– I	Fees and Expenses	
☐ If you have paid an ho Expense Reimbursement	norarium or reimburs	ed expenses, you	must file Addend	um B- Report of l	Honorariums or
☐ If you, your firm, or yo	our family has made p	oolitical contribut	tions, you must file	e Addendum C– P	Political Contributions
Sworn Statement/Affirms I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and	RSA 664 and her	reby swear or affiri	m that the foregoin	ng information is true
(Signature of lobbyist) Amanda Grady S	exton		,	(200)	RECEIVED
(Print Name of lobbyist)					JAN 12 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Coalition Against Domestic and Sext (Name of partnership, firm or corporation)	ual Violeno	ce
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Violence	Date	1/5/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, o	r public relations servic
a) Total of all fees received in this reporting period	a) \$	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		
c) Total of all fees received to date (Add lines a and b)	c) \$	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic(c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be filed aggregate expenses; (b) le: meals puress than \$10 ed with a valorting period ue of greater than \$25, a, expense re	expenditures are made la for the lobbyist(s)/firmitotal of all expenses pathe aggregate total of a rchased during a busine that is given to the personal of greater than \$25.00 for than \$25, purchase of but not greater than \$5 imbursement, or political total of the personal of the personal of greater than \$25.00 for than \$25, purchase of the personal of the personal of the personal of greater than \$5 imbursement, or political than \$5 imbursement.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	1,228.86
b) Total aggregate of expenditures during this reporting period, not reported		0.00
in a), of \$25 or less.	b) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	1,228.86
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	7,888.17
f) Total of all expenses year to date	f) \$	9,117.03
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees	s during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the f	foregoing information
(Signature of lobbyist)	1/5	Date)
Amanda Grady Sexton (Print Name of lobbyist)		